

**UNDERGRADUATE GPA FORM**Postmark date: **November 7, 1996**

Please type or print clearly.

FOR ORAU/NSF USE ONLY

**To the Applicant:**

Please enter your name, address, and the information regarding your bachelor's degree in the space provided below. Mail or give this form to the Registrar of the college or university from which you received, or expect to receive, your bachelor's degree with a request that the completed form be mailed/delivered directly to you in a sealed envelope. The completed *Undergraduate GPA Form*, postmarked by November 7, 1996, should be submitted to ORAU with Official Academic Transcripts.

Name: \_\_\_\_\_  
last first middle Jr, II, etc

Former Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
street apt. #  
city state zip codeBachelor's Degree: \_\_\_\_\_ / /  
(e.g., BA, BS, etc) field date awarded/expected  
(mm/dd/yy)I authorize release of my undergraduate Grade Point Average. \_\_\_\_\_  
Applicant's Signature**To the Registrar:**

The student named above has applied for a National Science Foundation Graduate Research Fellowship. The information requested below will be important in evaluating his/her application. The information you supply will be used and disclosed only in connection with the selection of NSF Fellows and the administration of NSF Fellowships, and will not be disclosed for any other purpose.

Please complete and sign this form and mail or deliver it in a sealed envelope **directly to the applicant at the address above**. If your institution's policy does not permit release of such information to students, please mail the completed *Undergraduate GPA Form* to: NSF Graduate Research Fellowship Program, Oak Ridge Associated Universities, P.O. Box 3010, Oak Ridge, Tennessee 37831-3010. The applicant should meet a November 7, 1996 postmark date.

His/her cumulative **undergraduate Grade Point Average** was \_\_\_\_\_ prior to fall 1996.

The maximum possible Grade Point Average is \_\_\_\_\_.

The minimum Grade Point Average for graduation is \_\_\_\_\_.

**Registrar:** If your university cannot provide the information requested, please check here. \_\_\_\_\_

Name of Registrar (typed or printed)

Seal and Signature of Registrar

Name of Institution

Date

**To the Registrar:****When you have completed and signed this form, please return it to the applicant at his/her address as provided above.**